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CONFIRMATION NO. 8503

|   |   |                               |   |  |
|---|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/815,489  | <b>FILING OR 371(c) DATE</b><br>04/01/2004<br><b>RULE</b>   | <b>CLASS</b><br>348           | <b>GROUP ART UNIT</b><br>2621   | <b>ATTORNEY DOCKET NO.</b><br>1372.144.PRC |
| <b>APPLICANTS</b><br>Eric A. Kaltenbacher, St. Petersburg, FL;<br>James T. Patten, Sarasota, FL;<br>Kendall L. Carder, St. Petersburg, FL;<br>David K. Costello, St. Petersburg, FL;<br>John R. Kloske, St. Petersburg, FL;   |   |                               |   |  |
| <b>** CONTINUING DATA *****</b><br>This appln claims benefit of 60/320,076 04/01/2003 and claims benefit of 60/545,158 02/17/2004   |   |                               |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>  |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b><br>** 06/17/2004   |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after<br>met<br>Verified and Acknowledged <u>Allowance</u> <u>Initials</u><br>Examiner's Signature |   | <b>STATE OR COUNTRY</b><br>FL | <b>SHEETS DRAWING</b><br>5  | <b>TOTAL CLAIMS</b><br>46                  |
| <b>INDEPENDENT CLAIMS</b><br>3  |   |                               |   |  |
| <b>ADDRESS</b><br>21901   |   |                               |   |  |
| <b>TITLE</b><br>3-D imaging system  |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>684   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |